

To prevent the spread of the COVID-19, please fill the checklist regarding your behavior and health record in the last 14 days prior to participation. This checklist will be used for confirmation for the reception of the forum and will kept by the organizer for 1 month.

○Behavior Checklist

Please check all applicable conditions within 14 days prior to the date of the participation.

Had close contact with those who tested positive for COVID-19	<input type="checkbox"/> No <input type="checkbox"/> Yes
Family living together or somebody who is very close with whom you contacted become suspected of being infected COVID-19 (e.g. PCR tested positive)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had close contact with those visiting countries or regions to be covered under restrictions for entry into Japan or requirement for observation after the entry, or those living in these countries or regions	<input type="checkbox"/> No <input type="checkbox"/> Yes

○Symptom Checklist

Please check all applicable item within 14 days prior to the date of the participation.

Fever over 37.5°C	<input type="checkbox"/> No <input type="checkbox"/> Yes
Sore throat, fever	<input type="checkbox"/> No <input type="checkbox"/> Yes
Fatigue, tiredness, breathing difficulties	<input type="checkbox"/> No <input type="checkbox"/> Yes
Loss of smell, taste	<input type="checkbox"/> No <input type="checkbox"/> Yes

●Privacy Policy

With regarding to the personal information provided in this checklist, this organization will handle it appropriately and use it only to determine the applicant participation to the events etc., and for the communication if necessary.

This organization may entrust work related to the handling of all or part of the registered personal information within the terms described in the section ‘Purpose of Use of Personal Information’ to third parties as needed. When entrusting work related to the handling of personal information stored by this organization to third parties, complete protection of said personal information will be guaranteed by the adequate selection, contracting, management, and supervision of said entrusted parties based on the personal information protection regulations of this organization.

The information on the checklist is correct, and I agree with the privacy policy.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Contact number : \_\_\_\_\_